10/22/03

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	018563-005820US / AT-000112.2				
First Inventor	CHISHTI, MUHAMMAD				
Title	DIGITALLY MODELING THE DEFORMATION OF GINGIVAL TISSUE DURING ORTHODONTIC TREATMENT				
Express Mail Label No.	EV 346925907US				

		<u>-</u>		Mail Stop P	atent Application	0		
0 1407	APPLICATION ELEMENTS	ADDRESS TO Commissioner for Patents P.O. Box 1450						
See MPE		ontents.				-m		
See MPEP chapter 600 concerning design patent application contents. Alexandria, VA 22313-1450 Computer Program (Appendix)								
Telefelic	e. The incorporation <u>can only</u> be relied upon wher		DENCE ADDRESS					
⊠ Cu:	stomer Number	OR 🗆 O	correspondence address	below				
Name								
Address	3							
City			Zip Code					
Country	Telepho	one		Fax				
Name	(Print/Type) James M. Heslin	Registration No. (Attorney/Agent) 29,541						
Signature Date October 22, 2003								
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PPP TO ALICABITY AT						Complete if Known						
FEE TRANSMITTAL					Application Number							
for FY 2004									ober 22, 2003			
Effective 10/01/2003. Patent fees are subject to annual revision.					-				SHTI, MUHAMMAD			
Applicant claims small entity status. See 37 CFR 1.27					Exa	Examiner Name						
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TOTAL A	MOUNT OF	PAYMENT	(\$) 7	88	Atto	Attorney Docket No. 018563-005820US / AT-00112.2				2		
	METHOD OF	PAYMENT (c)	heck all that	apply)				FEE CAL	CULATION (continu	ed)		
Check	Credit Ca	rd 🔲 Money	Order 🔲 C	Other None	3. ADI	DITIONAL	1					
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Deposit					Fee Code	Fee (\$)	Fee Code	(\$)	Fee Descr	iption	Paid	
Account Number	20-14	430			1051	130	2051	65 S	urcharge - late filing	fee or oath		
Number	<u> </u>			1052	50	2052		urcharge - late provi r cover sheet.	sional filing fee			
Deposit					1053	130	1053		on-English specifica	ition		
Account	Account Townsend and Townsend and Crew LLP				1812	2,520	1812		or filing a request for			
Name The Director is	authorized to	· /check all tha	et anniv)		1804	920*	1804		equesting publication			
l	s) indicated b		edit any overp	avments	l				xaminer action			
		e(s) or any unde			1805	1,840*	1805		equesting publication	on of SIR after		
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Large Entity	Small Entity				1254	1,480	2254		xtension for reply wi	itnin tourtn		
Fee Fee	Fee Fe		ription	Fee Paid	1255	2,010	2255		xtension for reply w	ithin fifth month		
Code (\$)	Code (\$)				1401	330	2401	165 N	lotice of Appeal			
1001 770	2001 38	•	-	770	1402	330	2402	165 F	iling a brief in suppo	ort of an appeal	<u> </u>	
1002 340	2002 17	_	_		1403	290	2403		Request for oral hear	-	<u> </u>	
1003 530	2003 26	_	-	<u> </u>	1451	1,510	1451		etition to institute a roceeding	public use		
1004 770	2004 38		-		1452	110	2452	•	etition to revive - ur	navoidable		
1005 160 2005 80 Provisional filing fee					1453	1,330	2453		etition to revive – unintentional			
	SUB	TOTAL (1)		(\$)770	1501	1,330	2501	655 L	tility issue fee (or reissue)			
2. EXTRA C	I AIM EEE	S EOD LITH I	TY AND R	FISSUE	1502	480	2502	240 D	Design issue fee	•		
Z. EXTRAC	LAIM FLL.	310101121			1503	640	2503	320 F	Plant issue fee			
		Extra Claims	Fee from below	Fee Paid	1460	130	1460		etitions to the Comr		<u> </u>	
Total Claims	21 -20** =		X\$18	= \$18	1807	50	1807		Petitions related to purpose properties of the p	rovisional		
Independent	==		┧╠═══	\$0	1806	180	1806	180 5	Submission of Inform	nation Disclosure		
Claims [1 -3** =	<u> </u>	X\$86		8021	40	8021	40 F	Stmt Recording each pate per property (times n			
Dependent			×				1		properties)			
Large Entity	Small Ent	ity			1809	770	2809		Filing a submission a	after final rejection	1 [
Fee Fee Code (\$)	Fee Code	(\$)	ee Descripti		1810	770	2810	385 F	37 CFR § 1.129(a)) For each additional i examined (37 CFR §			
1202 18	2202	-	laims in exce						Request for Continue		1	
1201 86	2201		•	laims in excess of 3 ident claim, if not paid	1801	770	2801		RCE)	oo examination		
1203 290 1204 86	2203 2204			ependent claims	1802	900	1802		Request for expedite of a design application			
1205 18	2205	9	* Reissue cla	ims in excess of 20	•							
and over original patent SUBTOTAL (2) (\$)18					*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)							
**or number previously paid, if greater; For Reissues, see above												
									Com	plete (if applicable	•)	
SUBMITTED BY												
Name (Print	/Туре)	James M.(H	leslin	Registration No. (At								
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